6/14/22, 1:34 PM

Coppermark Public Adjusters Mail - 36-13Z0-28D



Stephanie Lee <stephanie@coppermark.claims>

## 36-13Z0-28D

1 message

Stephanie Lee <stephanie@coppermark.claims> To: HOME CLMS-FIRECLAIMS <statefarmfireclaims@statefarm.com> Cc: Lauren Rodriguez <lauren@coppermark.claims>

Thu, Jul 22, 2021 at 4:35 PM

Please see attached.

Respectfully,

Stephanie Lee, AIC, SPPA, CPAU, CPLA, CPLU Public Adjuster/Appraiser/Umpire Coppermark Public Adjusters 855-45-CLAIM x. 701









This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delate this e-mail from your system. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.

3 - Authorization - signed.pdf 236K





Coppermark Public Adjusters 609 S. Kelly Ave., Ste. F-3 Edmond, Oklahoma 73003 855-45-CLAIM Lic. #3000193036

Greg Cannon Lic. #300189759

Lauren Rodriguez Lic. #3000855055 Stephanie Lee Lic. #40155028

AUTHORIZ	TION OF REPRESENTATION
To Insurer:	State Farm Insurance
YOU ARE HEREBY NOTIFIED purs	ant 36 O.S. § 1250, this is a written request from the policyhold
YOU ARE HEREBY NOTIFIED that retained Coppermark Consulting Corperepresent my interests by assisting me in (the "Claim"):	, Donald Lejeune, ha LLC and its Public Adjusters (collectively "Coppermark") he preparation, presentation and settlement of the following claim
Policy #: 6EQ60857	Claim #: 3612Z028D
YOU ARE HEREBY DIRECTED to a below and I will consider non-complian	ake all communications regarding the Claim to the address state as acting in bad faith on your part:
609 S. Edmon 855-45 claims(	nark Public Adjusters elly Ave., Ste. F-3 , Oklahoma 73003 CLAIM coppermark.claims pursuant to 36 O.S. 6223, you shall make all monies owed to red d Coppermark Public Adjusters and sent directly to Copperma
<ol> <li>A certified copy of the insurance endorsements, etc. in effect on t</li> <li>The most recent underwriting re</li> <li>All additional or supplemental d any that may be discovered in t reports, forms of proof of loss,</li> </ol>	and the following documents to Coppermark: policy, including declaration page and any applicable exclusion e date of discovery of the loss; ort and the type and limits of coverages afforded by the policy cumentation or information that has already been discovered, a e future relating to this request including all insurance adjusted aim diary notes, and all drafts of scopes of loss, as well g reports and any other third-party reports obtained by the
YOU ARE HEREBY NOTIFIED of n	intent to collect full replacement cost benefits.
Donald J LeJeune Jr	Donald LeJeune Jr (Jul 20, 2021 09:0 CDT) Jul 20, 2021
Insured	Signature Date
Stephanie Lee	07/14/202
Coppermark Public Adjusters	Signature Date